Stuttering Among Children Exposed to (Family) High Expressed Emotion Families

Sir,

Stuttering is a disorder of speech fluency that commonly appears between the age of two and five.[1] A child with stuttering not only experiences academic and social consequences, [2] but may also face the emotional/ behavioral disorders.^[3] Stuttering leads individuals to feel a range of negative feelings and emotions, including, low confidence, [4] frustration, shame, embarrassment, poor self-image, [5] and negative social identity [6] Parents reported emotional reactions of these children include frustration, low mood, loss of confidence, talked less overall, and withdraw from interactions. Adolescents who stutter, report higher anxiety, fear of negative evaluation, and greater difficulty with their functional communication.^[7] Long-term stuttering may leave people more vulnerable to becoming socially anxious. Furthermore, those who stutter is at a greater risk of poor emotional functioning than those who stutter less severely.[8]

Twin and family studies have indicated a strong genetic component associated to stutter.[9] Approximately 70% of the variance in liability for stuttering can be attributed to additive genetic effects, whereas the remaining 30% is due to non-shared environmental effects^[10] Familial aggregation of stuttering is more common in Ist degree relatives.[11] Earlier researches suggest a higher concordance rate and maximum likelihood in families where a Ist degree relative has the problem. Despite the fact, that stuttering tends to run in families and underlying genetic cause, there may be the environmental factors (i.e., emotional expressive families) that includes the caregivers, who are more critical to the child. Expressed emotions (EEs) are the hostility, criticism, and over involvement demonstrated by some families toward a family member. In the case of acquired stuttering, children may develop stuttering because of derogatory and critical comments related to speech by their family members. In collective cultures, an emotionally expressive member can be any person with-in the family (i.e., grand parents, parents or the uncle). The consequences of the stuttering are devastating. The children remain with are less maturity and less success in their academic endeavors, relationships, and interactions. Children who continue to stutter into school-age and beyond may have long-term social, emotional, educational, financial, and vocational consequences.^[12] The present article is aimed to raise interest on the role of socio-familial factors in stuttering.

With the baseline knowledge about the role of these socio-familial therapeutic interventions can be devised for children at risk of stuttering. In our culture (i.e., Azad Kashmir), most of the time supernatural explanations are sought to explain the etiology of stammering. This is needed to be dealt with proper scientific education. Specialized in counseling services for the family members can be started that can explain the negative role of EEs for the child. The psychosocial assessment and interventions specifically focused on family psycho education can potentially reduce high EEs. Awareness campaigns, training workshops can be launched for the parents and families on the negative consequences of EEs on child. Further studies should be conducted to examine the factors that influence and explain the relationship between EEs and stuttering.

Aslam N

Lecturer, National Institute of Psychology, Quaid-I-Azam University, Islamabad, Pakistan E-mail: psy_naeem@yahoo.com

References

- 1. Tran Y. Fear of speaking; chronic anxiety and stammering. Adv. Psychiatr. Treat. 2006;12:63-8.
- Nippold MA, Packman A. Managing stuttering beyond the preschool years. Lang Speech Hear Serv Sch 2012;43:338-43.
- Pinborough-Zimmerman J, Satterfield R, Miller J, Bilder D, Hossain S, McMahon W. Communication disorders: Prevalence and comorbid intellectual disability, autism, and emotional/ behavioral disorders. Am J Speech Lang Pathol 2007;16:359-67.
- Yaruss JS. Assessing quality of life in stuttering treatment outcomes research. J Fluency Disord 2010;35:190-202.

- Klompas M, Ross E. Life experiences of people who stutter, and the perceived impact of stuttering on quality of life: Personal accounts of South African individuals. J Fluency Disord 2004;29:275-305.
- 6. Gabel RM. Effects of stuttering severity and therapy involvement on attitudes towards people who stutter. J Fluency Disord 2006;31:216-27.
- 7. Mulcahy K, Hennessey N, Beilby J, Byrnes M. Social anxiety and the severity and typography of stuttering in adolescents. J Fluency Disord 2008;33:306-19.
- 8. Craig A, Blumgart E, Tran Y. The impact of stuttering on the quality of life in adults who stutter. J Fluency Disord 2009;34:61-71.
- 9. Suresh R, Ambrose N, Roe C, Pluzhnikov A, Wittke-Thompson JK, Ng MC, et al. New complexities in the genetics of stuttering: Significant sex-specific linkage signals. Am J Hum Genet 2006;78:554-63.
- Leonard L. Early language development and lanuguage disorders. In G. H. Shames & E. H. Wiig (Eds.), Human communication disorders. 2nd ed. Columbus, Ohio: Merrill, 1986. p. 291-330.
- 11. Wittke-Thompson JK, Ambrose N, Yairi E, Roe C, Cook EH, Ober C, *et al*. Genetic studies of stuttering in a founder population. J Fluency Disord 2007;32:33-50.
- Blumgart E, Tran Y, Craig A. An investigation into the personal financial costs associated with stuttering. J Fluency Disord 2010;35:203-15.

